

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33153

State File No. ....

FILED NOV 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1175

1. PLACE OF DEATH a. COUNTY <p align="center"><b>Buchanan</b></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><b>Missouri</b></p>		b. COUNTY <p align="center"><b>Buchanan</b></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><b>St. Joseph</b></p>		c. LENGTH OF STAY (in this place) <p align="center"><b>5 years</b></p>		c. CITY OR TOWN <p align="center"><b>St. Joseph</b></p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><b>Missouri Methodist Hospital</b></p>		f. STREET ADDRESS (If rural, give location) <p align="center"><b>825 N. 11th St.</b></p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center"><b>Florence</b></p>	b. (Middle)	c. (Last) <p align="center"><b>Woolfolk</b></p>	(Month) <p align="center"><b>November</b></p>	(Day) <p align="center"><b>5</b></p>	(Year) <p align="center"><b>1954</b></p>

5. SEX <p align="center"><b>female</b></p>	6. COLOR OR RACE <p align="center"><b>white</b></p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center"><b>never married</b></p>	8. DATE OF BIRTH <p align="center"><b>August 25, 1878</b></p>	9. AGE (In years last birthday) <p align="center"><b>76</b></p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><b>teacher</b></p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center"><b>public school</b></p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center"><b>St. Charles, Missouri</b></p>	12. CITIZEN OF WHAT COUNTRY? <p align="center"><b>USA</b></p>
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13a. FATHER'S NAME <p align="center"><b>Richard A. Woolfolk</b></p>	13b. MOTHER'S MAIDEN NAME <p align="center"><b>Mary Allen</b></p>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center"><b>no</b></p>	16. SOCIAL SECURITY NO. <p align="center"><b>none</b></p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center"><b>Mrs. Bessie Taliaferro</b></p>	ADDRESS <p align="center"><b>825 N. 11th St. Joseph,</b></p>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="center"><b>9 mo.</b></p>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<p align="center"><b>Myasthenia gravis</b></p>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954 to Nov 5, 1954, that I last saw the deceased alive on Nov 5, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center"><b>H. Carpenter</b></p>	(Degree or title) <p align="center"><b>M.D.</b></p>	23b. ADDRESS <p align="center"><b>902. Edmund St. City</b></p>	23c. DATE SIGNED <p align="center"><b>11-8-54</b></p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center"><b>burial</b></p>	24b. DATE <p align="center"><b>11/9/1954</b></p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center"><b>Mt. Auburn Cemetery</b></p>	24d. LOCATION (City, town, or county) (State) <p align="center"><b>St. Joseph, Missouri</b></p>
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DATE REC'D BY LOCAL REG. <p align="center"><b>Nov 10, 1954</b></p>	REGISTRAR'S SIGNATURE <p align="center"><b>Kathleen M. Allison</b></p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><b>Heaton-Bowman</b></p>	ADDRESS <p align="center"><b>St. Joseph, Mo.</b></p>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.